

<i>SERFF Tracking Number:</i>	<i>ELCC-125668689</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>39121</i>
<i>Company Tracking Number:</i>	<i>MS-L2</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>MS-L2/MS-L2</i>		

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiChoice

SERFF Tr Num: ELCC-125668689 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39121

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MS-L2

State Status: Filed-Closed

Filing Type: Advertisement

Co Status: Submitted

Reviewer(s): Stephanie Fowler

Author: Jana Peterson

Disposition Date: 06/18/2008

Date Submitted: 05/28/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MS-L2

Status of Filing in Domicile: Pending

Project Number: MS-L2

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We submit the above referenced form for filing by your department. This will be used in the marketing of our Medicare Supplement policies, Form 920, which were previously approved for use in your state.

This form will be mailed to prospective applicants, and positive responses will be forwarded to our licensed and appointed agents in this state. This form states that a licensed agent may contact the consumer

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Company Tracking Number: MS-L2
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: MS-L2/MS-L2

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist Jana.Peterson@Equilife.com
3 Triad Center (877) 579-3782 [Phone]
Salt Lake City, UT 84180 (801) 579-3781[FAX]

Filing Company Information

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah
3 Triad Center Group Code: -99 Company Type: Life and Health
Suite 200
Salt Lake City, UT 84180 Group Name: State ID Number:
(801) 579-3400 ext. [Phone] FEIN Number: 87-0129771

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: State Filing Fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$25.00	05/28/2008	20543461

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/18/2008	06/18/2008

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Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Advertising Letter	Filed	No

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Form Schedule

Lead Form Number: MS-L2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	MS-L2	Advertising	Advertising Letter	Initial		0	MS-L2.PDF



{First},

Are You Paying Too Much For Medicare Supplement Insurance? Are you satisfied with the coverage your plan provides? If not, Equitable Life & Casualty Insurance Company has a solution for you – a solution that could save you up to 55%.*

With Equitable you choose the Medicare Supplement plan that's best for you. Each plan provides:

- ★ Affordable, quality coverage with claims paid within five days
- ★ The freedom to select your care provider with no network limits
- ★ Top-notch, personalized services and a voice on the other end of the phone – not a machine
- ★ Online services that will let you manage your policy and track claims

For more information, complete and return the response form below in the enclosed postage paid envelope today, {or call **888-888-8888**} {or email **8888888888@888888.com**} {or visit **agentpersonalized-site@EquiLife.com**}. **This information is FREE and there is absolutely no obligation!**

Sincerely,

John Q Agent
[General Agent]



*Premium discount applies to High Deductible Plans F & J only. Neither Equitable Life & Casualty, nor its agents are connected with Medicare. These policies have exclusions or limitations. For costs and complete details of the coverage write to **Equitable Life & Casualty Insurance Company**, 3 Triad Center, Salt Lake City, Utah 84180-1200 • 800-352-5170 • www.EquiLife.com

MS-L2



I want more information about Equitable's Medicare Supplement insurance plans.

{I am also interested in the following type(s) of insurance:} {__ Home Care (Plan 801)}
{__ Long Term Care (Plan 2020)} {__ Assisted Living (Plan 8000)}
{__ Nursing Home Care (Plan 690)} {__ Final Expense/Life (Plan 1002)}

FIRST & LAST
STREET ADDRESS
CITY, STATE ZIP CODE

Date of Birth _____
Phone (_____) _____
Best Time to Reach You _____
Spouse's Name _____
Spouse's Date of Birth _____
Email _____

A Licensed Equitable Agent will contact you. **There is absolutely no obligation!**
Equitable Life & Casualty Insurance Company, 3 Triad Center, Salt Lake City, Utah 84180-1200

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Rate Information

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